

EPIDEMIOLOGY BULLETIN

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Update on AIDS

Acquired Immune Deficiency Syndrome

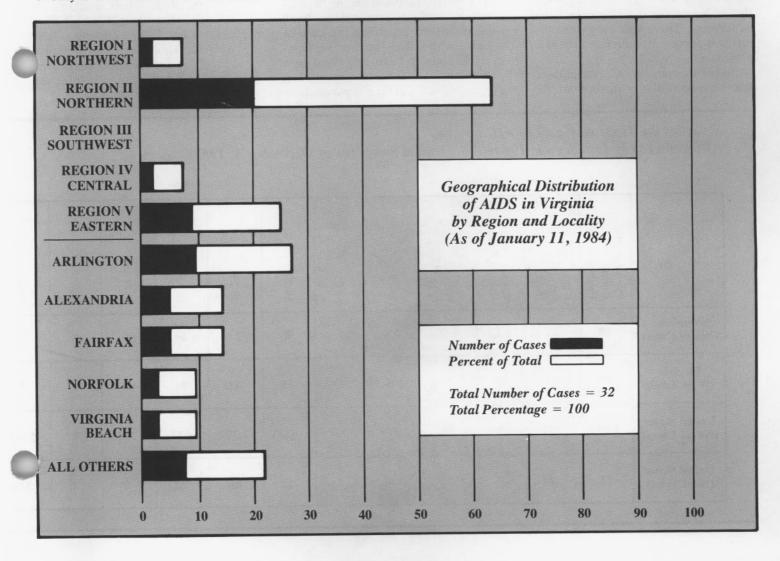
As of January 11, 1984 the Virginia Department of Health (VDH) has received 32 reports of AIDS conforming to the case definition established by the Centers for Disease Control. Six of these cases were reported in 1982, twenty-five in 1983 and one in 1984.

Fifteen of these patients have died.

Included among the most recent cases is the first case reported to the VDH of AIDS in a female. She is a 33 year old black intravenous drug user with a history of having had sexual relations with homosexual and bisex-

ual men. A diagnosis of Kaposi's sarcoma was established by biopsy in December, 1983.

Tabulated inside is a breakdown of the statistics on reported cases of AIDS for Virginia and the United States.



Creutzfeldt-Jakob Disease In Virginia

Creutzfeldt-Jakob disease (CJD) is a progressive dementia which is usually associated with cerebellar or visual abnormalities, and which is caused by a transmissible "unconventional virus."

Death certificates listing CJD as a cause, or contributing cause, of death were reviewed for the 15-year period 1969 through 1983. A total of 24 cases were found with a range of zero to four deaths per year (mean 1.6).

The age at death ranged from 44 to 79 years, with a mean and standard deviation of 62 ± 8 years. The majority were white (75%) and males slightly outnumbered females (14 vs. 10). Most cases had been residents of the central or eastern regions of the state: central = 9 cases (38%), eastern = 8 cases (33%), northern = 3 cases (13%), southwestern = 3 cases (13%), northwestern = 1 case (4%).

The duration of illness prior to death ranged from two months to eight years (median 9 months). The most commonly listed occupation was that of housewife (6); two were listed as farmers. There was only one cluster: two apparently unrelated cases in Halifax County in 1974.

Editor's comment: Creutzfeldt-Jakob disease (CJD) is uncommon before the age of 40, affects males and females equally, and has no clear-cut geographic distribution. Since CJD is a fatal illness, case ascertainment through a death certificate search should be relatively complete. One might expect, however, that some cases died undiagnosed or had the diagnosis made but omitted from the death certificate, leading to an underestimation of the true incidence. The maximum incidence of this rare disease has been estimated at one to two cases per million population (higher than found in Virginia).1

Although a number of geographic/temporal clusters of J-C have been noted and investigated, no evidence for person-to-person transmission has surfaced except by surgical transplantation.² No particular occupations or exposures to animals are thought to be risk factors for CJD (scrapie in sheep and mink encephalopathy are animal diseases similar to CJD).³

Given the unusual resistance of the CJD virus to the usual means of inactivation, special precautions have been published regarding the care of patients with CJD.⁴ The disease, however, has never been described in a pathologist, a diener, or a mortician, suggesting that CJD is not particularly

infectious. How most patients acquire this disease is still a mystery, in part because there is no useful marker such as antibody, for determining prior exposure to the virus.

References

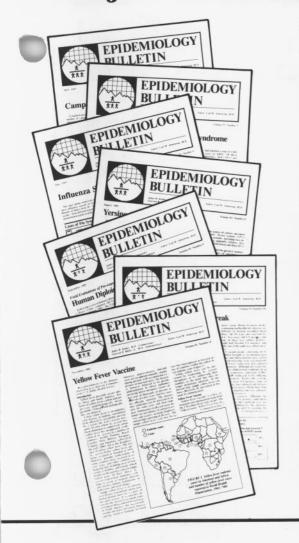
- Brown, P. An epidemiologic critique of Creutzfeldt–Jakob diseases. Epidemiol Rev 1980; 2: 113-35.
- Duffy P, Wolf J; Collins G, De-Voe AG, Streeten B, Cowen D. Possible person-to-person transmission of Creutzfeldt-Jakob disease. (Letter). N Engl J Med 1974; 290: 692.
- Bobowick AR, Brody JA, Matthews MR, Roos R, Gajdusek DC. Creutzfeldt–Jakob disease: a case control study. Am J Epidemiol 1973; 98: 381-94.
- 4. Gajdusek DC, Gibbs CJ, Asher DM, et al. Precautions in medical care of, and in handling materials from, patients with transmissible virus dementia (Creutzfeldt-Jakob disease). N Engl J Med 1977; 297: 1253-8.
- Bastian FO, Jennings RA. Creutzfeldt-Jakob disease: procedures for handling diagnosti and research materials. Infection Control 1984: 5: 48-50.

Statistics on Reported Cases of AIDS Virginia (as of January 11, 1984)

United States (as of December 5, 1983)

Primary Disease					Age								
	Pneumocystis Carinii Pneumonia (PCP)	Kaposi's Sarcoma (KS)	Both KS and PCP	Infection Without KS or PCP	Total	Under 20	20-29	30-39	40-49	Over 49	Unknown	Total	
Virginia (No. of Cases)	19	6	2	5	32	0	8	13	10	1	0	32	
Virginia (% of Total)	59	19	6	16	100	0	25	41	31	3	0	100	
United States (No. of Cases)	1,465	754	199	450	2,868	14	632	1,327	623	264	8	2,868	
United States (% of Total)	51	26	7	16	100	1	22	46	22	8	1	100	

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*Two of the four IV drug users are/were also homosexuals and/or bisexuals.

Kace				Fattent Characteristics							Dea			
White	Black	Other	Unknown	Total	Homosexual- Bisexual	Intraveneous (IV) Drug User	Haitian	Hemophiliac	None Apparent- Unknown	Total	Male	Female	Total	
24	6	2	0	32	30	4	0	0	0	32*	31	1	32	
75	19	6	0	100	81	7	0	3	9	100	97	3	100	
1,658	739	418	53	2,868	2,052	490	131	19	176	2,868	2,679	189	2,868	
58	26	14	2	100	71	17	5	1	6	100	93	7	100	

Patient Characteristics

Month: December, 1983

		Regions								
Disease	This	Last	Total to Date		Mean 5 Year	This Month				
	Month	Month	1982	1983	To Date	N.W.	N.	S.W.	onth	E
Measles	. 0	0	14	23	699	0	0	0	0	(
Mumps	2	3	44	37	113	0	0	0	0	
Pertussis	1	0	29	50	17	0	0	1	0	(
Rubella	1	0	12	3	104	0	1	0	0	(
Meningitis—Aseptic	25	50	262	338	237	6	7	1	9	
Other Bacterial	18	18	211	236	183	4	3	3	2	
Hepatitis A (Infectious)	9	6	189	127	248	1	6	0	2	
B (Serum)	35	31	507	528	469	4	6	4	6	1.
Non-A, Non-B	9	5	87	83	*55	3	1	2	0	
Salmonellosis	104	99	1,469	1,468	1,297	20	13	22	24	2.
Shigellosis	77	39	159	285	397	2	3	1	1	7
Campylobacter Infections	78	41	440	588	*237	22	20	4	18	1.
Tuberculosis	57	39	674	515	_	_	_	_	_	_
Syphilis (Primary & Secondary)	38	35	640	564	578	2	7	8	11	10
Gonorrhea	1,706	1,676	21,639	21,119	22,613	_		_	_	_
Rocky Mountain Spotted Fever	0	0	74	60	95	0	0	0	0	1
Rabies in Animals	35	26	745	625	196	2	33	0		
Meningococcal Infections	4	7	73	81	80	2	1	0	0	
Influenza	9	1	398	911	2,397	4	0	5	0	(
Toxic Shock Syndrome	2	1	9	9	*8	0	1	0	1	(
Reyes Syndrome	0	0	5	6	13	0	0	0	0	(
Legionellosis	1	4	29	25	21	0	0	0	1	(
Kawasaki's Disease	3	1	15	39	20	0	1	0	1	1
Other:	_		_	_		_				

Counties Reporting Animal Rabies: Alexandria 15 raccoons; Arlington 5 raccoons; Fairfax 1 cat, 8 raccoons; Loudoun 2 raccoons; Prince William 2 raccoons; Spotsylvania 1 skunk; Stafford 1 raccoon

Occupational Illnesses: Occupational hearing loss 7; Occupational pneumoconiosis 9; Asbestosis 6; Occupational dermatosis 1; Carpal tunnel syndrome 8.

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^{*3} year means